

1.) CORPORATION NAME:

**STROKE COMEBACK**

DUE DATE: **12/30/2010**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**OFFICER  
DARLENE S WILLIAMSON  
145 PARK ST SE  
VIENNA, VA 22180**

SCC ID NO: **05501440**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**FAIRFAX COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 145 PARK ST, SE

CITY/ST/ZIP: VIENNA, VA 22180-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: DARLENE S WILLIAMSON  
TITLE: PRESIDENT  
ADDRESS: 2994 HUNTER MILL ROAD  
STE 201  
CITY/ST/ZIP/CO: OAKTON, VA 22124-

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OFFICER

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DIRECTOR

NAME: JOHN D PHILLIPS  
TITLE: COB  
ADDRESS: 1450 EMERSON AVENUE  
APT 304  
CITY/ST/ZIP/CO: MCLEAN, VA 22101-

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OFFICER

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DIRECTOR

NAME: ANN STOUFFER BISCONTI  
TITLE: DIRECTOR  
ADDRESS: 5530 GREYSTONE ST  
CITY/ST/ZIP/CO: CHEVY CHASE, MD 20815-

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OFFICER

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DIRECTOR

NAME: EUGENE BEDELL  
TITLE: DIRECTOR  
ADDRESS: 5 DEER FIELD CT  
CITY/ST/ZIP/CO: HILTON HEAD, SC 22926-

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OFFICER

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DIRECTOR

NAME: CHARLES W DYKE  
TITLE: DIRECTOR  
ADDRESS: 2120 L ST, NW  
SUITE 400  
CITY/ST/ZIP/CO: WASHINGTON, DC 20037-

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OFFICER

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DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CANDY FRIEDLANDER DIRECTOR 7439 HILLCREST DR MCLEAN, VA 22102-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	ANNE HALE DIRECTOR PO BOX 6213 CHARLOTTESVILLE, VA 22906-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAPHNE KESSLER DIRECTOR 816 POLO PLACE GREAT FALLS, VA 22066-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LISA KOCHES TREASURER 706 BLUEBERRY HILL RD MCLEAN, VA 22101-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	WINSTON J LINDSLEY DIRECTOR 4913 TYDFIL CT FAIRFAX, VA 22030-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GERALYN SCHULZ SECRETARY 212 PHILLIPS HALL 801 22ND ST NW WASHINGTON, DC 20052-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SHERI L SINGER DIRECTOR 2633A S WALTER REED DR ARLINGTON, VA 22206-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ DARLENE S WILLIAMSON SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	DARLENE S WILLIAMSON, PRESIDENT PRINTED NAME AND CORPORATE TITLE	12/18/2010 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			